United States District Court
for The middle District
Northern Division

Jimmy frank Cameron
Plantiff

V

Richard ALLen Et. AL
P.H.S Doctor siddiq

Case No. 2:06 CV1115 MHT

Motion To have Plantiff
Transfred for His own Protection and
Adequate medical Treatment!

Come now Jimmy f Cameron in The Above style cause To Show That his Health and safty is in Jeporady. Plantiff went To sick Call 7-2-07 To see Doctor Siddiq for a skin Rash and a inLarged prostrate Gland. Plantiff has had both The Rash and The prostrate problems for years and know what work for him. 1st Plantiff ask for Antifungal Cream for The skin Rash. and was prescribed a Triamcinolone Acetonide Cream U.S.P 0.1% Rx only. Topical Corticosteroin. Plantiff has Hipotitus C a Liver Diease. Plantiff Read The instructions on The cream. see Dosage and Adminstration. This Cream work Through The Liver and kidneys. Plantiff is not suspose To use medication Like This. 2nd Plantiff was Given a Antibiotic Pill instead of The flomax

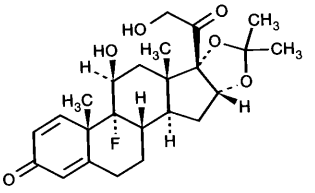
TRIAMCINOLONE ACETONIDE CREAM USP, 0.1%
TRIAMCINOLONE ACETONIDE OINTMENT USP, 0.1%
TOPICAL CORTICOSTEROID

℞ Only

DESCRIPTION

The topical corticosteroids constitute a class of primarily synthetic steroids used as anti-inflammatory and anti-pruritic agents. Triamcinolone Acetonide is included in this class of synthetic corticosteroids.

Chemically Triamcinolone Acetonide is 9-Fluoro-11β,16α,17,21-tetrahydroxypregna-1,4-diene-3,20-dione cyclic 16,17-acetal with acetone, its molecular formula is $C_{24}H_{31}FO_6$; its molecular weight is 434.51; its Chemical Abstract Service (CAS) registry number is 76-25-5; and its structural formula is:



Each gram of Triamcinolone Acetonide Cream 0.1% provides 1 mg triamcinolone acetonide in a vanishing cream base consisting of cetearyl alcohol (and) ceteareth-20, white petrolatum, glyceryl monostearate, polyethylene glycol 400 monostearate, sorbitol solution, propylene glycol, simethicone emulsion, sorbic acid, sodium hydroxide and purified water.

Each gram of Triamcinolone Acetonide Ointment 0.1% provides 1 mg triamcinolone acetonide in a white petrolatum base.

CLINICAL PHARMACOLOGY

Topical corticosteroids share anti-inflammatory, anti-pruritic and vasoconstrictive actions.

The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or clinical efficacies of the topical corticosteroids. There is some evidence to suggest that a recognizable correlation exists between vasoconstrictor potency and therapeutic efficacy in man.

Pharmacokinetics: The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings.

Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. (See **DOSAGE AND ADMINISTRATION**.)

Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted into the bile.

INDICATIONS AND USAGE

Topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid responsive dermatoses.

CONTRAINDICATIONS

Topical corticosteroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS

General — Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia and glycosuria in some patients.

Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression by using the urinary free cortisol and ACTH stimulation tests. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent steroid.

Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug. Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic corticosteroids.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity. (See **PRECAUTIONS — Pediatric Use**.)

If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted.

In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

Information for the Patient — Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with eyes.
2. Patients should be advised not to use this medication for any disorder other than for which it was prescribed.
3. The treated skin area should not be bandaged or otherwise covered or wrapped as to be occlusive unless directed by the physician.
4. Patients should report any signs of local adverse reactions especially under occlusive dressings.
5. Parents of pediatric patients should be advised not to use tight-fitting diapers or plastic pants on child being treated in the diaper area, as these garments may constitute occlusive dressings.

Laboratory Tests — The following tests may be helpful in evaluating the HPA axis suppression:

Urinary free cortisol test
ACTH stimulation test

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids.

Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

Pregnancy Category C: Corticosteroids are generally teratogenic in laboratory animals when administered systemically at relatively low dosage levels. The more potent corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There are no adequate and well controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.

Nursing Mothers: It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids are secreted into breast milk in quantities *not* likely to have a deleterious effect on the infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a nursing woman.

Pediatric Use: *Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin surface area to body weight ratio.*

Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include linear growth retardation, delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema.

Administration of topical corticosteroids to children should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of children.

ADVERSE REACTIONS

The following local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence: Burning; Itching; Irritation; Dryness; Folliculitis; Hypertrichosis; Acneiform eruptions; Hypopigmentation; Perioral dermatitis; Allergic contact dermatitis; Maceration of the skin; Secondary infection; Skin Atrophy; Striae; Miliaria.

OVERDOSAGE

Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (see **PRECAUTIONS**).

DOSAGE AND ADMINISTRATION

Topical corticosteroids are generally applied to the affected area as a thin film from two to four times daily depending on the severity of the condition. Occlusive dressings may be used for the management of psoriasis or recalcitrant conditions.

If an infection develops, the use of occlusive dressings should be discontinued and appropriate antimicrobial therapy instituted.

HOW SUPPLIED

Triamcinolone Acetonide Cream USP, 0.1% is supplied in

15 g (0.53 oz) tubes
80 g (2.8 oz) tubes
453.6 g (1 lb) jars
2.268 kg (5 lb) jars

Triamcinolone Acetonide Ointment USP, 0.1% is supplied in

15 g (0.53 oz) tubes
80 g (2.8 oz) tubes

Manufactured by:
Actavis MidAtlantic LLC
1877 Kawai Road
Lincolnton, NC 28092 USA

FORM NO. 0301/0306

Rev. 1/06
VC2760

PRISON HEALTH SERVICES INCORPORATED

Chronic Care

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 7-2-07
ID # 105591 Date of Birth: 12-30-48 Location: C-1-7-A
Nature of problem or request: Need To see Doctor! about getting flomax IN/larged prostate Need Antifungal Cream Skin Rash

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 7/2/07
Time: 2:20
Receiving Nurse Intials CT

(S)ubjective:

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF1000 7/95

That he ask for. for his in Lnged prostrate Glawo plantiff was diagnosed at St. Clair Prison in 1998. for This Ailment awo has suffered sinced. plantiff was not given either medication That he ask for Plantiff Does not say That he is a Doctor. But Does know what work for him after Treating him self for years.* see Exhibits. which are self described. Plantiff is showing That The Defendant knowling awn willing Prescribed a medication That will be Harmful are fatal To Plantiffs Plantiff ask To be Transfred for his own Saffty awn Adequate medical Treatment

Certificate of Service

Come Now Jimmy f Cameron awn Does say That A copy of The for going was served on The Defendant Attorneys by Placing a copy in The US mail This 6 Day of July 2007 by placing a copy in The US mail at Bullock correctional facility

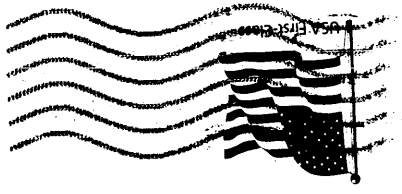
Rushton Stakely Johnson & Garrett
P.O Box 270
montgomery, Ala
36101-0270

excuted. 7-6-07

Jimmy f Cameron
plantiff

Jimmy F. Cameron 105591
PO Box 5107 C-3-22
Union Spring, Ala
36089-5107

MONTGOMERY AL 361
06 JUL 2007 PM 4 T



United States District Court
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